

Image# 12950689370

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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Charles J Fleischmann			2. Candidate's FEC Identification Number HOTN03254	
(b) Address (number and street) 735 Broad Street Suite 1000		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Chattanooga TN 37402		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate TN 03		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2012 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Chuck Fleischmann for Congress Committee, Inc.		
(b) Address (number and street) P.O. Box 11091		
(c) City, State, and ZIP Code Chattanooga TN 37401		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)		
(b) Address (number and street)		
(c) City, State, and ZIP Code		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate Charles J Fleischmann [Electronically Filed]	Date 03/09/2012
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

FEC Form 2 (Rev. 02/2003)

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES**[ADDITIONAL]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE:This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Majority Victory Fund (Brooks, Fleischmann, Huelskamp, Labrador)

(b) Address (number and street)

25 E Main Street

(c) City, State and ZIP Code

Richmond

VA

23219

DESIGNATION OF OTHER AUTHORIZED COMMITTEES**[ADDITIONAL]**

(Including Joint Fundraising Representatives)

I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE:This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State and ZIP Code

DESIGNATION OF OTHER AUTHORIZED COMMITTEES**[ADDITIONAL]**

(Including Joint Fundraising Representatives)

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State and ZIP Code